

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Title:: Network Healing Smart Fiber Optic Switch

Attorney Docket Number:: 26308.01

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 4

Total Drawing Sheets:: 6

Small Entity:: Yes

Petition Included:: No

Petition Type::

Secrecy Order in Parent Appl.?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: John
Family Name:: Carberry
Name Suffix::
City of Residence:: Talbot
State or Province of Residence:: Tennessee
Country of Residence:: U.S.A.
Street of Mailing Address:: 2814 Lake Forest Circle
City of Mailing Address:: Talbot
State or Province of Mailing Address:: TN
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 37877

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michael L.
Family Name:: Smith
Name Suffix::
City of Residence:: Jefferson City
State or Province of Residence:: Tennessee
Country of Residence:: U.S.A.
Street of Mailing Address:: 238 Fieldcrest Drive
City of Mailing Address:: Jefferson City
State or Province of Mailing Address:: TN
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 37760

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Richard
Family Name:: Racinkas
Name Suffix::
City of Residence:: Coppell
State or Province of Residence:: Texas
Country of Residence:: U.S.A.
Street of Mailing Address:: 224 Mockingbird Lane
City of Mailing Address:: Coppell
State or Province of Mailing Address:: TX
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 75019

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22465
Phone Number:: 865-584-0105
Fax Number:: 865-584-0104
E-Mail Address:: Tkulaga@pitts-brittian.com

REPRESENTATIVE INFORMATION

Representative Customer Number::	22465	
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DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation-in-part of	09/649,455	08/25/00